

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

No. 99972

Health Department, City of Baltimore.

Permit No. 99972 Office of Registrar of Vital Statistics.

Ward 20th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Lottie & Henry Barclay

Sex, Male or Female { Cross out the word not required in this line. } Male

Age, Years, Months, 2 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 23 Clinton Ave

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, May 24 1887

{ Undertaker, J. H. Owens } James A. Stewart M. D.

{ Place of Business, } Carroll St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

McRoberts - Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. **99973**

Office of **Registration of Vital Statistics.**

Ward **2nd**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **May 24th, 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Joseph Geminski**

Sex, Male or Female, { Cross out the word not required in this line. } **Male**

Age, **38** Years, **0** Months, **0** Days.

Color, **White**

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } **Single**

Occupation, **Laborer**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Germany**

Duration of Residence in the City of Baltimore, **7 years**

Place of Death, { Give Street and Number. } **# 607 S. Bond St**

Cause of Death, { First (Primary), Second (Immediate), } **Typhoid-Pneumonia**

Duration of Last Sickness, **2 wks.**

All the above information should be furnished by the Physician.

Place of Burial, **St. Anthony's Cem.**

Date of Burial, **May 25th, 87.**

{ Undertaker, } **Edw. Broskowski**

{ Place of Business, } **1732 E. Anna St** { Address, } **# 1709 Alice Anna St**

Medical Attendant. **John H. Rehberger M. D.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

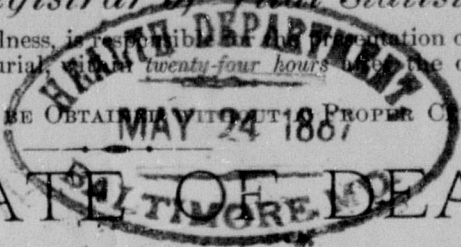
Health Department, City of Baltimore.

Permit No. 99974 Office of Registrar of Vital Statistics.

Ward 8^U

The Physician who attended any person in a last illness, is responsible for the accuracy of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie A. Bander

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 / Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bach - Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1003 North Ar.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonum
Asphyxia
Cereb.

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 25th 1887 W. F. Henshaw M. D.

{ Undertaker, A. Dick & Son Medical Attendant, _____

{ Place of Business, 915 N. Gay St Address, W. F. Henshaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022

No. 99975

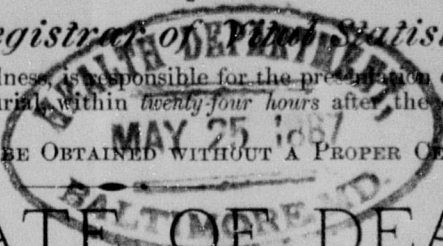
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99975 Office of Registrar of Vital Statistics. Ward 54

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 23 May 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 54 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Hackman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give Street and Number. } 1102 Thompson St

Cause of Death, { First (Primary), Consumption Second (Immediate), }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 25th 1887

{ Undertaker, Fred Gaede J. J. Gump M. D. Medical Attendant, }

{ Place of Business, 108 S. Caroline St Address, 1437 Glenview }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99976

The Special Attention of Physicians is Respectfully Requested to Fill Out the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No. 99976 Office of Registrar of Vital Statistics. Ward 5¹¹/₉

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lenora Robinson

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 60 Years, Months, Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ☒ Married

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give Street and Number. } 1148 D Mc Eldeny

Cause of Death, { First (Primary), Second (Immediate), } Natural Causes

Duration of Last Sickness, 4 weeks

* All the above information should be furnished by the Physician.

Place of Burial, Lenox Cemetery

Date of Burial, May 25 1887

Undertaker, William Dinger

Place of Business, 150 East St

Address, 728 Arisquit St

Medical Attendant, A. V. Moyer M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 99977 Office of Registrar of Vital Statistics.

Ward 12^e

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph Chambers,

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

49

Years,

Months,

Days.

Color,

Brown.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Waiter.
Easton, Maryland.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

About 25 years.

Place of Death, { Give Street and Number. }

147 John St. Court

Cause of Death, { First (Primary),

Second (Immediate),

Rheumatism of Heart.

Duration of Last Sickness,

About one month.

All the above information should be furnished by the Physician.

Place of Burial, Shorecrest Cemetery

Date of Burial, May 25 1887

Undertaker, William A. Hargis

Place of Business, 150 East St

Address, 706 N. Howard St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 99978

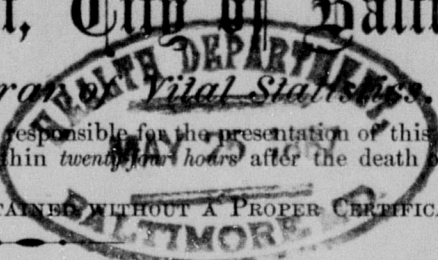
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99978 Office of Registration Vital Statistics Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 24, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Elizabeth Scarborough

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} 626 N. Eutaw St

Cause of Death, {First (Primary), Paralysis of Brain
Second (Immediate),}

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Hartford Co

Date of Burial, May 26 1887

{Undertaker, John J. Andrews} G Lane Daneyhew M. D. Medical Attendant.

{Place of Business, No 407 Druid Hill Ave} Address, 922 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4689 Trans

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99979 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A. L. Eaton.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 42 Years, Months ✓ Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Co., Md.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give Street and Number. } 409 520 0. No. N. Fremont Ave

Cause of Death, { First (Primary), Pneumeral Fever

{ Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Reisterstown Balt. Co

Date of Burial, May 26th 1887

{ Undertaker, John J. Andrews } W. Rickerd M. D. Medical Attendant.

{ Place of Business, No 407 Druid Hill Ave } Address, Penna Ave & Robert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4690. Jones

[OVER.]

to be filed on each week.

No. 99980

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99980 Office of Registrar of Deaths

Ward 8 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25 87.

Full Name of Deceased, Charles Green

Sex, Male or Female, Male

Age, 25 Years, Months, Days.

Color, Colored

Married, Single, Widowed or Widower, Single

Occupation, Laborer

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 908 Donnelly's Court

Cause of Death, Consumption
Exhaustion

Duration of Last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26th

Undertaker, Geo Schilling J. H. Robinson M. D.

Medical Attendant.

Place of Business, Address, 725 Green Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99981

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99981 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, May 22nd '87

Full Name of Deceased, Pasquale Miele

Sex, Male or Female, Male

Age, 32 Years, Months, Days

Color, White

Married, Single, Widow or Widower, Single

Occupation, Laborer B & O. R.R.

Birth Place, Italy - 3 years

Duration of Residence in the City of Baltimore, Six weeks

Place of Death, University Hospital

Cause of Death, Laceration scalp & left arm - Tetanus
Exhaustion

Duration of Last Sickness, Five weeks - Tetanus one week

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, May 25th 1887

Undertaker, James P. Byrne C. M. Mitchell M. D.

Place of Business, No 63 N Front St Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]